

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2003

Application or Docket Number

10694421

**CLAIMS AS FILED - PART I**

|  | (Column 1)           | (Column 2)   |
|--|----------------------|--------------|
| TOTAL CLAIMS   | <u>14</u>            |              |
| FOR  | NUMBER FILED         | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS  | <u>14</u> minus 20 = | * <u>0</u>   |
| INDEPENDENT CLAIMS   | <u>1</u> minus 3 =   | * <u>0</u>   |
| MULTIPLE DEPENDENT CLAIM PRESENT <input checked="" type="checkbox"/> |                      |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE ☐

OR  
OTHER THAN SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE         |
|-----------|--------|----|-----------|-------------|
| BASIC FEE | 385.00 | OR | BASIC FEE | 770.00      |
| XS 9=     |        | OR | XS18=     |             |
| X43=      |        | OR | X86=      |             |
| +145=     |        | OR | +290=     | <u>290</u>  |
| TOTAL     |        | OR | TOTAL     | <u>1060</u> |

**CLAIMS AS AMENDED - PART II**

|   | (Column 1)                       | (Column 2)        | (Column 3)                         |
|---|----------------------------------|-------------------|------------------------------------|
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT |                   | HIGHEST NUMBER PREVIOUSLY PAID FOR |
|   |                                  |                   | PRESENT EXTRA                      |
|   | Total                            | * <u>12</u> Minus | ** <u>20</u> = <u>—</u>            |
|   | Independent                      | * <u>1</u> Minus  | *** <u>3</u> = <u>—</u>            |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                   |                                    |

SMALL ENTITY  
OR

OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| XS 9=            |                | OR | XS18=            |                |
| X43=             |                | OR | X86=             |                |
| +145=            |                | OR | +290=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

|   | (Column 1)                       | (Column 2) | (Column 3)                         |
|---|----------------------------------|------------|------------------------------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT |            | HIGHEST NUMBER PREVIOUSLY PAID FOR |
|   |                                  |            | PRESENT EXTRA                      |
|   | Total                            | * Minus    | ** =                               |
|   | Independent                      | * Minus    | *** =                              |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |            |                                    |

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| XS 9=            |                | OR | XS18=            |                |
| X43=             |                | OR | X86=             |                |
| +145=            |                | OR | +290=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

|   | (Column 1)                       | (Column 2) | (Column 3)                         |
|---|----------------------------------|------------|------------------------------------|
| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT |            | HIGHEST NUMBER PREVIOUSLY PAID FOR |
|   |                                  |            | PRESENT EXTRA                      |
|   | Total                            | * Minus    | ** =                               |
|   | Independent                      | * Minus    | *** =                              |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |            |                                    |

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| XS 9=            |                | OR | XS18=            |                |
| X43=             |                | OR | X86=             |                |
| +145=            |                | OR | +290=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.